

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42508

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10553	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (If in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 818 Joachim St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Clinton		b. (Middle) Morley		c. (Last) Laughlin	
4. DATE OF DEATH (Month) (Day) (Year) 12-9-1950		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 5, 1907		9. AGE (In years last birthday) 43		10. MONTHS Days		11. HOURS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Piperitter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) East Liverpool, Ohio/	
12. CITIZEN OF WHAT COUNTRY? U.S.				13a. FATHER'S NAME Grover C. Laughlin			
13b. MOTHER'S MAIDEN NAME Daisy Hood				14. NAME OF HUSBAND OR WIFE Elizabeth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Laughlin, Festus, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic glomerulo-nephritis 9 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bleeding duodenal ulcer 8 mo.			
19a. DATE OF OPERATION none				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR 392X				22. I hereby certify that I attended the deceased from 11-29, 1950, to 12-9, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 10:49 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John B. Shapleigh M.D.				23b. ADDRESS Barnes Hospital			
23c. DATE SIGNED 12-9-50				24a. BURIAL, CREMATION, REMOVAL (Specify) removal			
24b. DATE 12-10-50				24c. NAME OF CEMETERY OR CREMATORY Methodist			
24d. LOCATION (City, town, or county) (State) Festus, Missouri				25. FUNERAL DIRECTOR'S SIGNATURE Vinyard			
25. ADDRESS Festus, Missouri				DATE REC'D BY LOCAL REG. DEC 11 1950			
REGISTRAR'S SIGNATURE J. B. Foster				25. ADDRESS Festus, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 21 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed _____

John J. Haines

Signed.....

Student Embalmer

Licensed Embalmer No. *4108*

P. O. Address, *St. Louis MO.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.